

10- R -0091

Entered - 9/8/09- sb  
CL - 09L0675 - ANGELENA KELLY

CLAIM OF: State Farm Insurance Companies  
As subrogee of Phillip Floyd  
P.O. Box 2371  
Bloomington, IL 61702

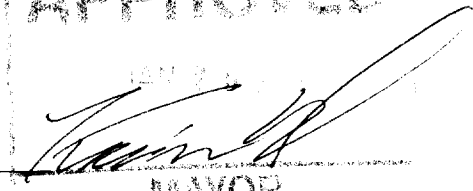
For damages alleged to have been sustained as a result of  
driving over a pothole on May 5, 2009 at 626 Dekalb Avenue.

BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that  
the action of the Department of Law be approved in authorizing  
payment to **State Farm Insurance Companies as subrogee of  
Phillip Floyd** the sum of **\$926.37** in full settlement and  
satisfaction of all claims, past, present and future, of every kind  
and character for damages alleged to have been sustained as a  
result of driving over a pothole on May 5, 2009 at 626 Dekalb  
Avenue as is more particularly set forth in the within claim; said  
sum taken from and charged to account  
**1001.200101.5212005.1512000.**

APPROVED: **ROGER BHANDARI**  
ACTING CITY ATTORNEY

BY:   
**JERRY L. DELOACH**  
DEPUTY CITY ATTORNEY


**APPROVED**  
  
MAYOR

**FAVORABLE REPORT**

PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE


DATE: 1/12/10


CHAIR: 





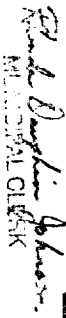








JAN 19 2010

**RECEIVED**  
JAN 19 2010  
  
MUNICIPAL CLERK

ADOPTED BY  
JAN 19 2010  
COUNCIL



**MUNICIPAL CLERK  
ATLANTA, GEORGIA**

**10-R-0091**

**A RESOLUTION**

**BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE**

**BE IT RESOLVED BY** the Council of the City of Atlanta that action of the Department of Law be approved in authorizing payment to **State Farm Insurance Companies as subrogee of Phillip Floyd** the sum of **\$926.37** as full and final settlement and satisfaction of all claims, past, present and future, of every kind and character, for property damages alleged to have been **from driving over a pothole on May 5, 2009 at 626 Dekalb Avenue** as is more particularly set forth in the within claim; said sum taken from and charged to Account **1001/200101/521200/1512000**.

A true copy,

  
Deputy Clerk

ADOPTED by the Atlanta City Council  
APPROVED by Mayor Kasim Reed

JAN 19, 2010  
JAN 25, 2010

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0675

Date: November 3, 2009

Claimant /Victim: Phillip Floyd

BY:(Atty)(Ins. Co.) State Farm Insurance Companies

Address: Subrogation Services, P.O. Box 2371, Bloomington, IL 61702

Subrogation: X Claim for Property damage \$ 1,426.37 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 9/1/09 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence: 5/5/09 Place: 626 Dekalb Avenue

Department: Public Works Bureau: \_\_\_\_\_ Office: Transportation

Employee involved: \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges he sustained damage to his vehicle when he drove over a pothole at the above location. The investigation determined that although the City had no actual notice of any problems, the condition of the pothole indicates the condition had existed for a length of time that notice of same is implied.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures X Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_


Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement X

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

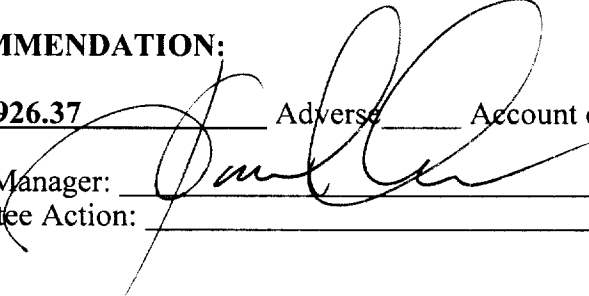
Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ANGELENA KELLY

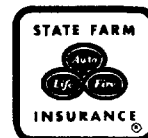
### RECOMMENDATION:

Pay \$ 926.37 Adverse \_\_\_\_\_ Account charged: General Fund X Water & Sewer \_\_\_\_\_ Aviation \_\_\_\_\_

Claims Manager:  Concur/date 11/10/09

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

# State Farm Insurance Companies



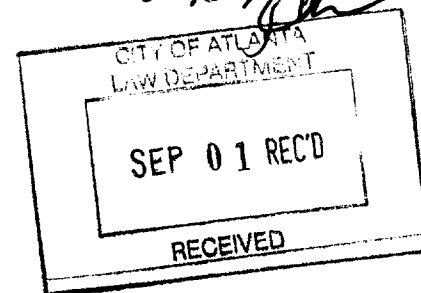
August 26, 2009

State Farm Insurance  
Subrogation Services  
PO Box 2371  
Bloomington, IL 61702-2371

## Certified Mail-Return Receipt Requested

City Of Atlanta  
City Hall  
55 Trinity Avenue, SW  
Atlanta, GA 30303

ENTERED - 9-8-09 - SB  
09L0675 - A. KELLY



RE: Claim Number: 11-7146-894-BLM  
Our Insured: Phillip G Floyd  
Date of Loss: May 12, 2009  
Your Insured: City Of Atlanta  
Your Insured Driver:  
Your Claim Number:  
Your Policy Number:  
Loss Location: Dekalb Ave  
Atlanta, GA

cc: 09L0445

Dear Sir / Madam:

We have been informed you are the liability carrier for the party involved in this loss with our insured. Our investigation indicates your insured is responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm paid by Cause of Loss:

041/045 - Uninsured Motorist BI	\$
042 - Uninsured Motorist PD	\$
300 series/400 - Comp/Collision	\$718.37
501 - Rental/Loss of Use	\$208.00
600/050 - Med Pay/ PIP	\$
Other	\$
Salvage Recovery	\$
Amount State Farm Paid	\$926.37
Insured Deductible	\$500.00
Total Claim Amount	\$1,426.37

Based on the assessment of liability between the parties, State Farm Fire and Casualty Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Fire and Casualty Company for this loss is \$1,426.37.

City Hall  
Page 2  
August 26, 2009

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Please remit payment of this claim, or contact us to discuss settlement. Include our claim number on the payment. Thank you for your cooperation.

If you have any questions, please call (877) 457-8276 and any member of Team #60 may assist you.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provided for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

Sincerely,

*R. Perno*

Ryan Perno x39150  
Claim Processor  
(877) 457-8276, Team 60

State Farm Fire and Casualty Company  
Enclosure(s)

RCS# 17  
1/19/10  
1:54 PM

Atlanta City Council

REGULAR SESSION

CONSENT I

10-R-0145

ADOPT EXCEPT

YEAS: 14  
NAYS: 0  
ABSTENTIONS: 0  
NOT VOTING: 1  
EXCUSED: 0  
ABSENT 1

Y Smith	Y Archibong	Y Moore	Y Bond
Y Hall	Y Wan	Y Martin	Y Watson
Y Young	Y Shook	Y Bottoms	Y Willis
B Winslow	Y Adrean	Y Sheperd	NV Mitchell

CONSENT I